

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 1 OF 27  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>CONSERVATIVE MAJORITY FUND</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00524454	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M M / D D D / Y Y Y Y Y Y 11 / 18 / 2015	

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 773.30	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.10704
Purpose of Expenditure VOTER CONTACT	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015	
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: AL
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		773.30	

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 112.40	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.10705
Purpose of Expenditure VOTER CONTACT	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015	
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: AK
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		112.40	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	885.70
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

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Form/Schedule: F24A

Transaction ID :

Projected Independent Expenditures opposing Hillary Clinton in the 2016 General Election by Conservative Majority Fund are \$50,000 as of 11/16/2015. These voter contact expenditures were made through InfoCision Management Corp. and disbursements of \$6,663.43 (11/20); \$8,259.75 (12/3/2015); and \$1,164.64 (12/21) were made in 2015. The balance of \$33,912.18 will be incurred and disbursed in the first quarter of 2016.

Form/Schedule:

Transaction ID:

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NAME OF COMMITTEE (In Full) <b>CONSERVATIVE MAJORITY FUND</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00524454	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M M / D D D / Y Y Y Y Y Y 11 / 18 / 2015	

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 1021.93	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.10706
Purpose of Expenditure VOTER CONTACT	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015	
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		1021.93	

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 468.64	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.10707
Purpose of Expenditure VOTER CONTACT	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015	
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		468.64	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1490.57
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

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NAME OF COMMITTEE (In Full) <b>CONSERVATIVE MAJORITY FUND</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00524454	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M M / D D D / Y Y Y Y Y Y 11 / 18 / 2015	

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 5979.19	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.10708
Purpose of Expenditure VOTER CONTACT	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015	
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		5979.19	

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 817.71	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.10709
Purpose of Expenditure VOTER CONTACT	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015	
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: CO
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		817.71	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	6796.90
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

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NAME OF COMMITTEE (In Full) <b>CONSERVATIVE MAJORITY FUND</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00524454	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M M / D D D / Y Y Y Y Y Y 11 / 18 / 2015	

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 584.33	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.10710
Purpose of Expenditure VOTER CONTACT	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015	
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: CT
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		584.33	

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 147.79	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.10711
Purpose of Expenditure VOTER CONTACT	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015	
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DE
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		147.79	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	732.12
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
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NAME OF COMMITTEE (In Full) <b>CONSERVATIVE MAJORITY FUND</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00524454	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M M / D D D / Y Y Y Y Y Y 11 / 18 / 2015	

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 3169.08	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.10712
Purpose of Expenditure VOTER CONTACT		Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		3169.08	

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 1541.16	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.10713
Purpose of Expenditure VOTER CONTACT		Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: GA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		1541.16	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	4710.24
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
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NAME OF COMMITTEE (In Full) <b>CONSERVATIVE MAJORITY FUND</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00524454	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M M / D D D / Y Y Y Y Y Y 11 / 18 / 2015	

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 225.16	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.10714
Purpose of Expenditure VOTER CONTACT	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015	
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: HI
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		225.16	

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 243.39	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.10715
Purpose of Expenditure VOTER CONTACT	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015	
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: ID
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		243.39	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	468.55
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
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NAME OF COMMITTEE (In Full) <b>CONSERVATIVE MAJORITY FUND</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00524454	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M M / D D D / Y Y Y Y Y Y 11 / 18 / 2015	

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 2055.72	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.10716
Purpose of Expenditure VOTER CONTACT	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015	
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IL
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		2055.72	

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 1034.96	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.10717
Purpose of Expenditure VOTER CONTACT	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015	
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IN
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		1034.96	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	3090.68
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

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NAME OF COMMITTEE (In Full) <b>CONSERVATIVE MAJORITY FUND</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00524454	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M M / D D D / Y Y Y Y Y Y 11 / 18 / 2015	

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 491.87	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.10718
Purpose of Expenditure VOTER CONTACT	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015	
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		491.87	

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 451.77	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.10719
Purpose of Expenditure VOTER CONTACT	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015	
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		451.77	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	943.64
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

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NAME OF COMMITTEE (In Full) <b>CONSERVATIVE MAJORITY FUND</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00524454	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M M / D D D / Y Y Y Y Y Y 11 / 18 / 2015	

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 704.46	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.10720
Purpose of Expenditure VOTER CONTACT		Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: KY
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		704.46	

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 727.23	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.10721
Purpose of Expenditure VOTER CONTACT		Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		727.23	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1431.69
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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NAME OF COMMITTEE (In Full) <b>CONSERVATIVE MAJORITY FUND</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00524454	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M M / D D D / Y Y Y Y Y Y 11 / 18 / 2015	

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 222.79	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.10722
Purpose of Expenditure VOTER CONTACT	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015	
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: ME
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		222.79	

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 942.88	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.10723
Purpose of Expenditure VOTER CONTACT	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015	
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MD
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		942.88	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1165.67
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
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NAME OF COMMITTEE (In Full) <b>CONSERVATIVE MAJORITY FUND</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00524454	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M / D D / Y Y Y Y Y Y 11 / 18 / 2015	

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b>		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 16 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 1090.33	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.10724
Purpose of Expenditure VOTER CONTACT	Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 16 / 2015	
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		1090.33	

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b>		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 16 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 1594.81	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.10725
Purpose of Expenditure VOTER CONTACT	Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 16 / 2015	
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		1594.81	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	2685.14
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
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NAME OF COMMITTEE (In Full) <b>CONSERVATIVE MAJORITY FUND</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00524454	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M M / D D D / Y Y Y Y Y Y 11 / 18 / 2015	

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 855.71	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.10726
Purpose of Expenditure VOTER CONTACT	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015	
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MN
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		855.71	

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 468.80	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.10727
Purpose of Expenditure VOTER CONTACT	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015	
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MS
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		468.80	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1324.51
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
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NAME OF COMMITTEE (In Full) <b>CONSERVATIVE MAJORITY FUND</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00524454	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M M / D D D / Y Y Y Y Y Y 11 / 18 / 2015	

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 967.48	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.10728
Purpose of Expenditure VOTER CONTACT		Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MO
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		967.48	

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 163.23	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.10729
Purpose of Expenditure VOTER CONTACT		Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MT
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		163.23	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1130.71
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

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NAME OF COMMITTEE (In Full) <b>CONSERVATIVE MAJORITY FUND</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00524454	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M M / D D D / Y Y Y Y Y Y 11 / 18 / 2015	

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 290.88	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.10730
Purpose of Expenditure VOTER CONTACT	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015	
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NE
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		290.88	

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 433.30	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.10731
Purpose of Expenditure VOTER CONTACT	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015	
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		433.30	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	724.18
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 16 OF 27  
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NAME OF COMMITTEE (In Full) <b>CONSERVATIVE MAJORITY FUND</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00524454	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M M / D D D / Y Y Y Y Y Y 11 / 18 / 2015	

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 218.43	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.10732
Purpose of Expenditure VOTER CONTACT		Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		218.43	

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 1426.07	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.10733
Purpose of Expenditure VOTER CONTACT		Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NJ
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		1426.07	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1644.50
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 17 OF 27  
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NAME OF COMMITTEE (In Full) <b>CONSERVATIVE MAJORITY FUND</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00524454	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M M / D D D / Y Y Y Y Y Y 11 / 18 / 2015	

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 328.79	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.10734
Purpose of Expenditure VOTER CONTACT	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015	
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NM
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		328.79	

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 3193.50	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.10735
Purpose of Expenditure VOTER CONTACT	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015	
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NY
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		3193.50	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	3522.29
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
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NAME OF COMMITTEE (In Full) <b>CONSERVATIVE MAJORITY FUND</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00524454	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M M / D D D / Y Y Y Y Y Y 11 / 18 / 2015	

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 1550.30	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.10736
Purpose of Expenditure VOTER CONTACT	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015	
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		1550.30	

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 112.09	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.10737
Purpose of Expenditure VOTER CONTACT	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015	
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: ND
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		112.09	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1662.39
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
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NAME OF COMMITTEE (In Full) <b>CONSERVATIVE MAJORITY FUND</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00524454	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M M / D D D / Y Y Y Y Y Y 11 / 18 / 2015	

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 1862.31	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.10738
Purpose of Expenditure VOTER CONTACT	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015	
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: OH
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		1862.31	

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 600.73	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.10739
Purpose of Expenditure VOTER CONTACT	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015	
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: OK
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		600.73	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	2463.04
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
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NAME OF COMMITTEE (In Full) <b>CONSERVATIVE MAJORITY FUND</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00524454	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M M / D D D / Y Y Y Y Y Y 11 / 18 / 2015	

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 632.86	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.10740
Purpose of Expenditure VOTER CONTACT	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015	
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: OR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		632.86	

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 2100.02	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.10741
Purpose of Expenditure VOTER CONTACT	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015	
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: PA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		2100.02	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	2732.88
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 21 OF 27  
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NAME OF COMMITTEE (In Full) <b>CONSERVATIVE MAJORITY FUND</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00524454	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M M / D D D / Y Y Y Y Y Y 11 / 18 / 2015	

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 174.99	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.10742
Purpose of Expenditure VOTER CONTACT	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015	
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: RI
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		174.99	

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 757.11	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.10743
Purpose of Expenditure VOTER CONTACT	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015	
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: SC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		757.11	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	932.10
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 22 OF 27  
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NAME OF COMMITTEE (In Full) <b>CONSERVATIVE MAJORITY FUND</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00524454	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M M / D D D / Y Y Y Y Y Y 11 / 18 / 2015	

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 130.63	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.10744
Purpose of Expenditure VOTER CONTACT	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015	
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: SD
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		130.63	

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 1033.25	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.10745
Purpose of Expenditure VOTER CONTACT	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015	
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: TN
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		1033.25	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1163.88
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 23 OF 27  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>CONSERVATIVE MAJORITY FUND</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00524454	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M M / D D D / Y Y Y Y Y Y 11 / 18 / 2015	

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 3937.16	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.10746
Purpose of Expenditure VOTER CONTACT	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015	
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: TX
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		3937.16	

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 407.50	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.10747
Purpose of Expenditure VOTER CONTACT	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015	
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: UT
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		407.50	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	4344.66
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 24 OF 27  
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NAME OF COMMITTEE (In Full) <b>CONSERVATIVE MAJORITY FUND</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00524454	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M M / D D D / Y Y Y Y Y Y 11 / 18 / 2015	

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 105.28	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.10748
Purpose of Expenditure VOTER CONTACT	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015	
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: VT
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		105.28	

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 1313.46	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.10749
Purpose of Expenditure VOTER CONTACT	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015	
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: VA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		1313.46	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1418.74
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

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NAME OF COMMITTEE (In Full) <b>CONSERVATIVE MAJORITY FUND</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00524454	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M M / D D D / Y Y Y Y Y Y 11 / 18 / 2015	

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 1104.17	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.10750
Purpose of Expenditure VOTER CONTACT	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015	
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: WA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		1104.17	

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 309.39	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.10751
Purpose of Expenditure VOTER CONTACT	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015	
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: WV
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		309.39	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1413.56
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 26 OF 27  
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NAME OF COMMITTEE (In Full) <b>CONSERVATIVE MAJORITY FUND</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00524454	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M M / D D D / Y Y Y Y Y Y 11 / 18 / 2015	

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 922.66	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.10752
Purpose of Expenditure VOTER CONTACT	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015	
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: WI
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		922.66	

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 91.14	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.10753
Purpose of Expenditure VOTER CONTACT	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015	
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: WY
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		91.14	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1013.80
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 27 OF 27  
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NAME OF COMMITTEE (In Full) <b>CONSERVATIVE MAJORITY FUND</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00524454	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M M / D D D / Y Y Y Y Y Y <b>11 / 18 / 2015</b>	

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>11 / 16 / 2015</b>	
Mailing Address <b>325 SPRINGSIDE DR</b>		Amount <b>107.86</b>	
City <b>AKRON</b>	State <b>OH</b>	Zip Code <b>44333</b>	Transaction ID : <b>SE.10754</b>
Purpose of Expenditure <b>VOTER CONTACT</b>	Category/Type <b>004</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>11 / 16 / 2015</b>	
Name of Federal Candidate <b>HILLARY CLINTON</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>DC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>107.86</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y
Purpose of Expenditure	Category/Type		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>107.86</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<b>50000.00</b>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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